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ABSTRACT

The current prevalence of drug use among American high school seniors (classes of 1975 through 1978) was investigated through a program entitled "Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth," conducted by the University of Michigan's Institute for Social Research and funded by the National Institute on Drug Abuse. The basic research, involving data collections beginning with the class of 1975, took place in approximately 125 public and private high schools selected to provide an accurate cross section of seniors throughout the United States. Questionnaire results indicated that: (1) about 65% report illicit drug use at some time in their lives: (2) marihuana is the most widely used illicit drug: (3) use of alcohol and cigarettes is more widespread than use of illicit drugs: (4) college-bound students have lower rates of illicit drug use: and (5) regional differences in 1978 were insignificant. Trends in drug use comparing the classes of 1975 through 1978 suggest there has been an appreciable rise in marihuana use and female cigarette smoking, and despite the decline in perceived harmfulness of most drugs (licit or illicit) there has been very little change over the past three years in levels of disapproval for most of them. (Author/HLM)

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ED185458

Highlights From
DRUGS AND THE CLASS OF '78: BEHAVIORS, ATTITUDES, AND RECENT NATIONAL TRENDS

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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INTRODUCTION

This report presents findings from a national research and reporting program being conducted by The University of Michigan's Institute for Social Research. That program, entitled Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth, is funded through a research grant from the National Institute on Drug Abuse.

The present document consists of highlights from a much larger volume, the second in a series reporting the drug use and related attitudes of high school seniors in the United States.* The report covers the high school classes of 1975 through 1978, and supercedes the previous report (which covered the classes of 1975 through 1977). The reader familiar with the earlier report will, of course, find much material that is largely unchanged, particularly in this introductory section. On the other hand, the present report contains a number of new features in addition to the material from the class of 1978.

Two major topics treated here are the current prevalence of drug use among American high school seniors, and the trends in use since 1975. Also reported are data on grade of first use, intensity of drug use, attitudes and beliefs among seniors concerning various types of drug use, and their perceptions of certain relevant aspects of the social environment.

Eleven separate classes of drugs are distinguished: marihuana (including hashish), inhalants, hallucinogens, cocaine, heroin, natural and synthetic opiates other than heroin, stimulants, sedatives, tranquilizers, alcohol, and cigarettes. (This particular organization of drug use classes was chosen to heighten comparability with a parallel publication based on a national household survey on drug abuse.) In the complete volume from which these highlights are excerpted, a full chapter is devoted to each of the eleven drug classes.

Except for the findings on alcohol and cigarettes, virtually all of the information reported here deals with illicit drug use. Respondents were asked to exclude any occasions on which they had used any of the psychotherapeutic drugs under medical supervision. Data on the medically supervised use of such drugs are contained in the larger volume.

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*The larger volume contains detailed treatment of each of the eleven categories of drug use and related attitudes and beliefs; it also contains an extensive description of the research methodology. Those interested in obtaining a copy may write to the National Clearinghouse for Drug Abuse Information, National Institute on Drug Abuse, 5600 Fishers Lane, Rockville, Maryland 20857.

We have chosen to focus considerable attention on drug use at the higher frequency levels rather than simply reporting proportions who have ever used various drugs. This is done to help differentiate levels of seriousness, or extent, of drug involvement. While we may yet lack any public consensus of what levels of use constitute "abuse," there is surely a consensus that heavier levels of use are more likely to have detrimental effects for the user and society than are lighter levels. Therefore, it is important to deal not only with the breadth but also with the depth of youthful involvement in drug use.

Purposes and Rationale

The movement toward social reporting continues to gain momentum in this country. Perhaps no area is more clearly appropriate for the application of systematic research and reporting than the drug field, given its rapid rate of change, its importance for the well-being of the nation, and the amount of legislative and administrative intervention addressed to it.

Young people are often at the leading edge of social change. This has been particularly true in the case of drug use. The surge in illicit drug use during the last decade has proven to be primarily a youth phenomenon, with onset of use most likely to occur during adolescence. From one year to the next particular drugs rise or fall in popularity, and related problems occur for youth, for their families, for governmental agencies, and for society as a whole.

One of the major purposes of the Monitoring the Future series is to develop an accurate picture of the current situation and of current trends. A reasonably accurate assessment of the basic size and contours of the problem of illicit drug use among young Americans is an important starting place for rational public debate and policymaking. In the absence of reliable prevalence data, substantial misconceptions can develop and resources can be misallocated. In the absence of reliable data on trends, early detection and localization of emerging problems are more difficult, and assessments of the impact of major historical and policy-induced events are much more conjectural.

The Monitoring the Future study has a number of purposes other than prevalence and trend estimation--purposes which are not addressed in this volume. Among them are: gaining a better understanding of the lifestyles and value orientations associated with various patterns of drug use and monitoring how those orientations are shifting over time; determining the immediate and more general aspects of the social environment which are associated with drug use and abuse; determining how drug use is affected by major transitions in social environment (such as entry into military service, civilian employment, college, unemployment) or in social roles (marriage, parenthood); distinguishing age effects from cohort and period effects in determining drug use; determining the effects of social legislation--in particular marihuana decriminalization--on all types of drug use; and determining the changing connotations of drug use and changing patterns of multiple drug use among youth.

Research Design and Procedures

The basic research design involves data collections from high school seniors during the spring of each year, beginning with the class of 1975. Each data collection takes place in approximately 125 public and private high schools selected to provide an accurate cross section of high school seniors throughout the United States.

Reasons for Focusing on High School Seniors. There are several reasons for choosing the senior year of high school as an optimal point for monitoring the drug use and related attitudes of youth. First, the completion of high school represents the end of an important developmental stage in this society, since it demarcates both the end of universal public education and, for many, the end of living in the parental home. Therefore, it is a logical point at which to take stock of the cumulated influences of these two environments on American youth. Further, the completion of high school represents the jumping-off point from which young people diverge into widely differing social environments and experiences. Finally, there are some important practical advantages to building a system of data collections around samples of high school seniors. The last year of high school constitutes the final point at which a reasonably good national sample of an age-specific cohort can be drawn and studied economically. The need for systematically repeated, large-scale samples from which to make reliable estimates of change requires that considerable stress be laid on efficiency and feasibility; the present design meets those requirements.

One limitation in the design is that it does not include in the target population those young men and women who drop out of high school before graduation—between 15 and 20 percent of each age cohort. The omission of high school dropouts does introduce biases in the estimation of certain characteristics of the entire age group; however, for most purposes, the small proportion of dropouts sets outer limits on the bias. Further, since the bias from missing dropouts should remain just about constant from year to year, their omission should introduce little or no bias into the various types of change being estimated for the majority of the population. In fact, we suspect that the changes observed over time for those who are high school graduates are likely to parallel the changes for dropouts in most instances.

Sampling Procedures. The procedure for securing a nationwide sample of high school seniors is a multi-stage one. Stage 1 is the selection of particular geographic areas, Stage 2 is the selection of one or more high schools in each area, and Stage 3 is the selection of seniors within each high school.

This three-stage sampling procedure yielded the following numbers of participating schools and students:

	Class of 1975	Class of 1976	Class of 1977	Class of 1978
Number of public schools	111	108	108	111
Number of private schools	14	15	16	20
Total number of schools	125	123	124	131
Total number of students	15,791	16,678	18,436	18,924
Student response rate	78%	77%	79%	83%

Questionnaire Administration. About ten days before the administration students are given flyers explaining the study. The actual questionnaire administrations are conducted by the local Survey Research Center representatives and their assistants, following standardized procedures detailed in a project instruction manual. The questionnaires are administered in classrooms during a normal class period whenever possible; however, circumstances in some schools require the use of larger group administrations.

Questionnaire Format. Because many questions are needed to cover all of the topic areas in the study, much of the questionnaire content is divided into five different questionnaire forms (which are distrubuted to participants in an ordered sequence that insures five virtually identical subsamples). About one-third of each questionnaire form consists of key or "core" variables which are common to all forms. All demographic variables, and nearly all of the drug use variables included in this report, are included in this "core" set of measures.

Representativeness and Validity

School Participation. Schools are invited to participate in the study for a two-year period, and with only very few exceptions, each school in the original sample, after participating for one year of the study, has agreed to participate for a second year. Depending on the year, from 66% to 80% of the schools initially invited to participate agree to do so; for each school refusal, a similar school (in terms of size, geographic area, urbanicity, etc.) is recruited as a replacement. The selection of replacement schools almost entirely removes problems of bias in region, urbanicity, and the like that might result from certain schools refusing to participate. Other potential biases are more subtle, however. If, for example, it turned out that most schools with "drug problems" refused to participate, that would seriously bias the sample. And if any other

single factor were dominant in most refusals, that also might suggest a source of serious bias. In fact, however, the reasons for a school refusing to participate are varied and are often a function of happenstance events; only a small proportion specifically object to the drug content of the survey. Thus we feel fairly confident that school refusals have not seriously biased the surveys.

Student Participation. Completed questionnaires are obtained from 77% to 83% of all sampled students in participating schools each year. The single most important reason that students are missed is absence from class at the time of data collection; in most cases it is not workable to schedule a special follow-up data collection for absent students. Students with fairly high rates of absenteeism also report above-average rates of drug use; therefore, there is some degree of bias introduced by missing the absentees. That bias could be largely corrected through the use of special weighting; however, it was decided not to do so because the bias in overall drug use estimates was determined to be quite small, and because the necessary weighting procedures would have introduced undesirable complications (Appendix A of the main report provides a discussion of this point). Of course, some students are not absent, but simply refuse to complete or turn in the questionnaire. However, interviewers in the field estimate this proportion at below 3 percent, and perhaps as low as 1 percent.

Accuracy of the Sample. For purposes of this introduction, it is sufficient to note that drug use estimates based on the total sample for 1978 have confidence intervals that average about ±1% (as shown in Table 1, confidence intervals vary from ±2.0% to smaller than ±0.4%, depending on the drug). This means that had we been able to invite all schools and all seniors in the 48 coterminous states to participate, the results from such a massive survey should be within about one percentage point of our present findings for most drugs at least 95 times out of 100. We consider this to be a high level of accuracy, and one that permits the detection of fairly small changes from one year to the next.

Consistency and the Measurement of Trends. One other point is worth noting in a discussion of the validity of our findings. The Monitoring the Future project is, by intention, a study designed to be sensitive to changes from one time to another. Accordingly, the measures and procedures have been standardized and applied consistently across each data collection. To the extent that any biases remain because of limits in school and/or student participation, and to the extent that there are distortions (lack of validity) in the responses of some students, it seems very likely that such problems will exist in much the same way from one year to the next. In other words, biases in the survey estimates will tend to be consistent from one year to another, which means that our measurement of trends should be affected very little by any such biases.

PREVALENCE OF DRUG USE

This section summarizes the levels of drug use reported by the class of 1978. Data are included for lifetime use, use during the past year, use during the past month, and daily use. There is also a comparison of key subgroups in the population (based on sex, college plans, region of the country, and population density or urbanicity).

Prevalence of Drug Use in 1978: All Seniors

Lifetime, Monthly, and Annual Prevalence

- Between six and seven in every ten seniors (64.1%) report illicit drug use at some time in their lives. However, a substantial proportion of them have used only marihuana (27.6% of the sample or 43% of all illicit users).

- Over one-third of the seniors (36.5%) report using an illicit drug other than marihuana at some time.*

- Figure A gives a ranking of the various drug classes on the basis of their lifetime prevalence figures.

- Marihuana is by far the most widely used illicit drug with 59% reporting some use in their lifetime, 50% reporting some use in the past year, and 37% use in the past month.

- The most widely used of the other illicit drugs are stimulants (23% lifetime prevalence) followed by two other classes of psychotherapeutic drugs: tranquilizers (17% lifetime prevalence) and sedatives (16% lifetime prevalence.)**

- Next come hallucinogens (such as LSD, THC, PCP, mescaline, peyote) which have been used by about one in every seven students (14% lifetime prevalence).

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*Use of "other illicit drugs" includes any use of hallucinogens, cocaine, or heroin or any use of other opiates, stimulants, sedatives, or tranquilizers not under a doctor's orders.

**Only use which was not medically supervised is included in the figures cited in this chapter.

TABLE 1

Prevalence (Percent Ever Used) of Eleven Types of Drugs: Observed Estimates and 95% Confidence Limits (1978)

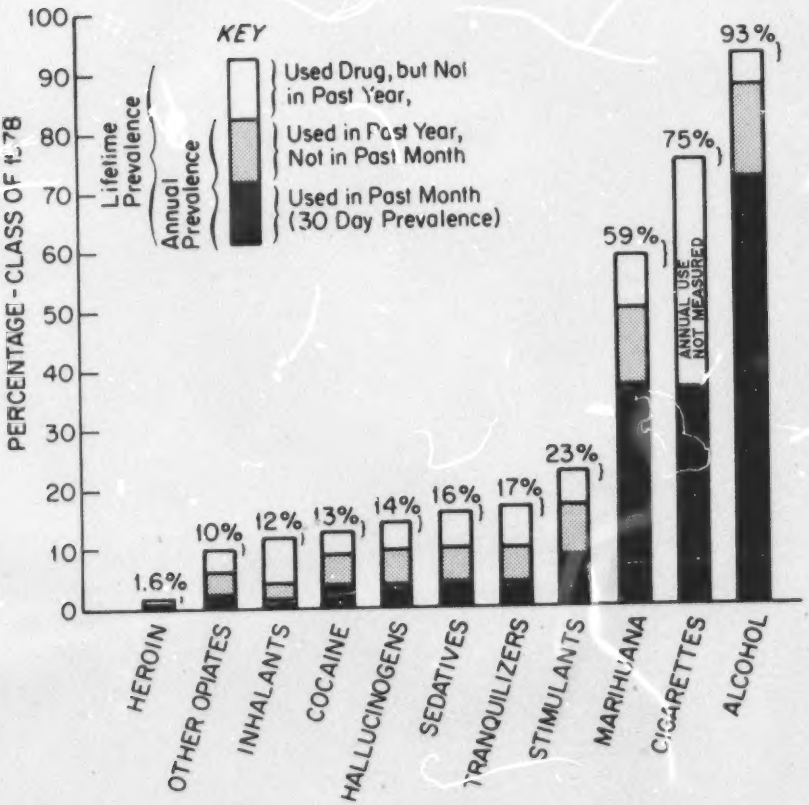
(N=17800)

	Lower limit	Observed estimate	Upper limit
Marihuana	57.2	59.2	61.2
Inhalants	11.1	12.0	13.0
Hallucinogens	13.1	14.3	15.6
Cocaine	11.8	12.9	14.1
Heroin	1.3	1.6	2.0
Other opiates[a]	9.2	9.9	10.7
Stimulants[a]	21.5	22.9	24.4
Sedatives[a]	14.8	16.0	17.3
Tranquilizers[a]	15.7	17.0	18.4
Alcohol	91.8	93.1	94.2
Cigarettes	73.8	75.3	76.8

[a]Only drug use which was not under a doctor's orders is included here.

FIGURE A

Lifetime, Annual, and Thirty-Day Prevalence of Use (and Recency of Use) for Eleven Types of Drugs. Class of 1978



NOTE: The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.

TABLE 2

Prevalence (Percent Ever Used) and Recency of Use of Eleven Types of Drugs (1978)

(N=17800)

	Ever used	Past month	Past year, not past month	Not past year	Never used
Marihuana	59.2	37.1	13.1	9.0	40.8
Inhalants	12.0	1.5	2.6	7.9	88.0
Hallucinogens	14.3	3.9	5.7	4.7	85.7
Cocaine	12.9	3.9	5.1	3.9	87.1
Heroin	1.6	0.3	0.5	0.8	98.4
Other opiates[a]	9.9	2.1	3.9	3.9	90.1
Stimulants[a]	22.9	8.7	8.4	5.8	77.1
Sedatives[a]	16.0	4.2	5.7	6.1	84.0
Tranquilizers[a]	17.0	3.4	6.5	7.1	83.0
Alcohol	93.1	72.1	15.6	5.4	6.9
Cigarettes	75.3	36.7	(38.6)[b]		24.7

[a]Only drug use which was not under a doctor's orders is included here.

[b]The combined total for the two columns is shown because the question asked did not discriminate between the two answer categories.

- About one in every seven or eight students has used cocaine, and about one in every eight or nine has used inhalants. Opiates other than heroin have been used by one in ten (10%).

- Only 1.6% of the sample admitted to ever using any heroin, the most infrequently used drug.

- These illicit drugs remain in about the same order when ranked by their prevalence in the most recent month and in the most recent year, as the data in Figure A illustrate. The major change in ranking occurs for inhalants, which, unlike other drugs, are used in the senior year by only a small proportion of those who had ever used them. This occurs because inhalants tend to be used primarily at an earlier age.

- Use of either of the two major licit drugs, alcohol and cigarettes, is still more widespread than use of any of the illicit drugs. Nearly all students have tried alcohol (93%) and the great majority (72%) have used it in the past month.

- Some 75% report having tried cigarettes at some time, and 37% smoked at least some in the past month.

Daily Prevalence

- Frequent use of these drugs is of greatest concern from a health and safety viewpoint. Table 7 and Figure B show the prevalence of daily or near daily use of the various classes of drugs. For all drugs, except cigarettes, respondents are considered daily users if they indicate that they had used the drug on twenty or more occasions in the preceding 30 days. For cigarettes, they explicitly state use of one or more cigarettes per day.

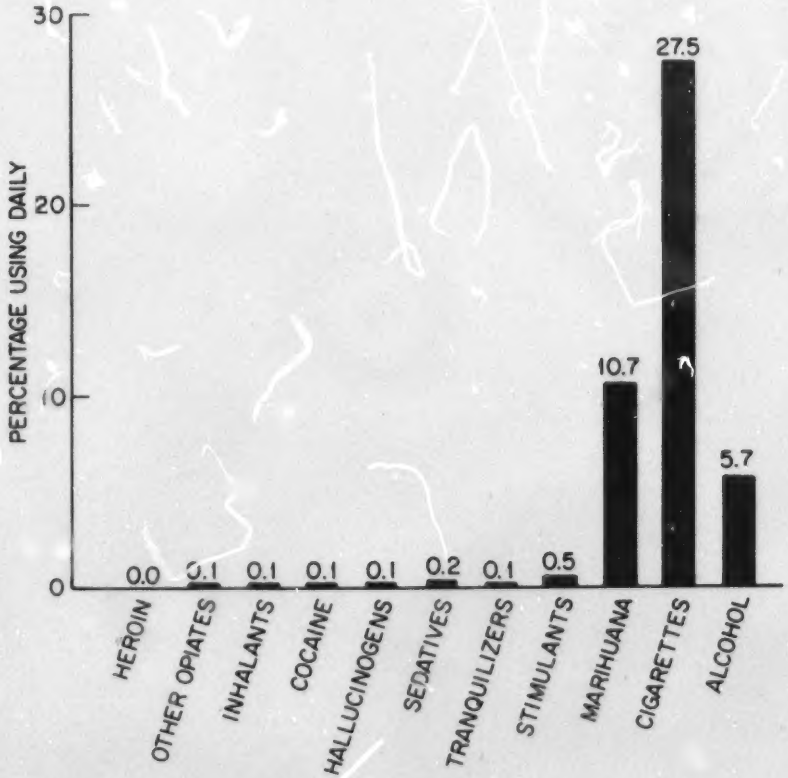
- The displays show that cigarettes are used daily by more of the respondents (28%) than any of the other drug classes. In fact, 18.8% say they smoke half-a-pack or more per day.

- A particularly important finding is that marihuana is now used daily by a substantial fraction of the age group (10.7%). The proportion using alcohol daily stands at 5.7%.

- Less than 1% of the respondents report daily use of any of the illicit drugs other than marihuana. Still, .5% report unsupervised daily use of amphetamines, and the comparable figure for sedatives is .2%, for

FIGURE 8

Thirty-Day Prevalence of Daily Use for Eleven Types of Drugs, Class of 1978



NOTE: Daily use for all drugs, except cigarettes, is defined as use on 20 or more occasions in the past thirty days. Daily use of cigarettes is defined as smoking one or more cigarettes per day in the last thirty days.

tranquilizers .1%, and for opiates other than heroin .1%. While very low, these figures are not inconsequential considering that 1% of each high school class represents about 30,000 individuals.

- Not surprisingly, given the strength and duration of their effects, hallucinogens are used on a daily basis by only about .1% of the sample. Cocaine also is used daily by only about .1% of the sample, as are inhalants.

- Virtually no respondents (less than .05%) report daily use of heroin in senior year. However, in the opinion of the investigators heroin is the drug most likely to be underreported in surveys, so the absolute prevalence figures may be somewhat understated.

Prevalence Comparisons for Important Subgroups

Sex Differences

- In general, higher proportions of males than females are involved in drug use, especially heavy drug use; however, this picture is a complicated one (see Table 3).

- Overall marihuana use is somewhat higher among males, and daily use of marihuana is substantially higher among males (14.2% vs. 7.1% for females in 1978).

- On most other illicit drugs males have considerably higher prevalence rates. The annual prevalence for inhalants, cocaine, and heroin tends to be two to three times as high among males as among females. Males also have slightly higher rates of use for hallucinogens, opiates other than heroin, and sedatives. Further, males account for a disproportionate number of the heavy users of these drugs.

- Annual prevalence for the use of stimulants is about equal for both sexes, though more of the frequent users are female than male. Slightly more females than males also are using tranquilizers, but frequent use occurs about equally for both sexes.

- Despite the fact that most illicit drugs are used by more males than females, nearly equal proportions of both sexes report at least <u>some</u> illicit use of drugs other than marihuana during the last year (see Figure

TABLE 3

Annual Prevalence of Use of Eleven Types of Drugs by Subgroups, Class of 1978

	Marihuana	Inhalants	Hallucinogens	Cocaine	Heroin	Other Opiates	Stimulants	Sedatives	Tranquilizers	Alcohol	Cigarettes[a]
All seniors	50.2	4.1	9.6	9.0	0.8	6.0	17.1	9.9	9.9	87.7	18.8
Sex:											
Male	55.9	5.6	11.6	11.4	1.1	6.9	16.9	10.6	9.7	90.0	18.9
Female	44.3	2.8	7.3	6.5	0.6	5.1	17.1	9.0	10.1	85.7	18.0
College Plans:											
None or under 4 yrs	51.6	5.0	11.0	9.5	1.0	6.8	20.0	10.8	11.1	88.0	25.5
Complete 4 yrs	47.1	3.4	7.3	7.7	0.6	4.9	13.7	8.5	8.6	87.6	11.1
Region:											
Northeast	59.2	4.4	13.0	11.8	0.6	6.8	19.6	11.7	10.9	92.5	23.6
North Central	51.6	4.8	10.7	8.5	0.8	6.7	18.2	9.2	8.8	91.0	19.8
South	42.7	3.6	6.3	6.8	1.1	4.5	14.0	9.9	10.5	83.2	17.0
West	49.1	3.6	9.6	10.7	0.8	6.7	17.8	8.4	8.9	82.8	12.2
Population Density:											
Large SMSA	57.2	3.4	11.9	12.3	0.7	6.9	17.7	10.2	10.3	90.7	19.7
Other SMSA	50.8	3.7	9.3	8.9	0.8	5.9	17.5	10.3	10.1	87.8	17.9
Non-SMSA	43.3	5.3	8.3	6.4	1.0	5.4	16.0	9.1	9.2	85.0	19.3

[a]Based on 30-day prevalence of a half pack a day of cigarettes, or more. Annual prevalence is not available.

D). If one thinks of going beyond marihuana as an important threshold point in the sequence of illicit drug use, then nearly equal proportions of both sexes (28% for males vs. 26% for females) were willing to cross that threshold at least once during the year. However, the female "users" take fewer drugs and with less frequency.

- Greater than occasional use of alcohol tends to be disproportionately concentrated among males. Daily use, for example, is reported by 8.3% of the males but by only 3.2% of the females.

- Finally, for cigarettes, there is practically no sex difference in the prevalence of smoking a half-a-pack or more daily (18.9% for males vs. 18.0% for females), although among these regular smokers males appear to consume a somewhat higher quantity of cigarettes.

Differences Related to College Plans

- Overall, seniors who are expecting to complete four years of college (referred to here as the "college-bound") have lower rates of illicit drug use than those who are not (see Table 3).

- Annual marihuana use is reported by 47% of the college-bound vs. 52% of the noncollege-bound.

- There is a substantial difference in the proportion of these two groups using illicit drugs other than marihuana. In 1978 only 23% of the college-bound reported any such behavior in the prior year vs. 30% of the noncollege-bound.

- For all of the specific illicit drugs, annual prevalence is lower for the college-bound: in fact, the prevalence rates tend to be about a quarter to half again as large for the noncollege-bound as for the college-bound on all illicit drugs except marihuana, as Table 3 illustrates.

- Frequent use of all of the illicit drugs is even more disproportionately concentrated among students not planning four years of college.

- Frequent alcohol use is also more prevalent among the noncollege-bound. For example, drinking on a daily basis is nearly twice as common at 7.3% for the noncollege-bound vs. 4.1% for the college-bound. On the other hand, there are practically no differences between the groups in annual or monthly prevalence; 88% of both groups used alcohol at least once during

the past year and 73% of the noncollege-bound vs. 72% of the college-bound used it at least once in the past month.

- The largest difference of all between the college plans groups involves daily smoking. Only 11% of the college-bound smoke a half-a-pack or more daily, compared with 26% of the noncollege-bound.

Regional Differences

- In general, there are not very great regional differences in 1978 in rates of illicit drug use among high school seniors. The highest rate is in the Northeast, where 62% say they have used a drug illicitly in the past year, followed by North Central with 55%, the West with 53%, and the South with 48%.

- There is even less regional variation in terms of the percent using some illicit drug other than marihuana in the past year: 31% in the Northeast, 27% in the North Central, 29% in the West, and 24% in the South.

- As Table 3 illustrates, the Northeast shows the highest annual rate (or close to the highest rate) on all drugs, licit and illicit, except heroin. The North Central shows the highest rate on inhalants. The West shows a high annual prevalence for cocaine use, while the South shows the lowest for marihuana, hallucinogens, cocaine, other opiates, and stimulants. However, these findings should be interpreted cautiously, since a number of the regional differences are quite small.

- Alcohol use tends to be somewhat lower in the South and West than it is in the Northeast and North Central.

- The largest regional differences occur for regular cigarette smoking. In the Northeast 24% say they smoke half-a-pack or more per day of cigarettes compared with 20% in the North Central, 17% in the South, and only 12% in the West.

Differences Related to Population Density

- Three levels of population density (or urbanicity) have been distinguished for analytical purposes: (1) Large SMSAs, which are the twelve largest Standard Metropolitan Statistical Areas in the 1970 Census; (2) Other SMSAs, which are the remaining Standard Metropolitan Statistical Areas; and (3) Non-SMSAs, which are sampling areas not designated as metropolitan.

- Overall illicit drug use is highest in the largest metropolitan areas (60% annual prevalence), slightly lower in the other metropolitan areas (55%), and lowest in the nonmetropolitan areas (48%).

- There is somewhat less variation in the proportion using illicit drugs other than marihuana: 30% annual prevalence in the largest cities, 27% in the other cities, and 24% in the nonmetropolitan areas.

- For specific drugs, the greatest urbanicity differences seem to occur for marihuana, which has an annual prevalence of 57% in the large cities but only 43% in the nonmetropolitan areas (Table 3).

- The use of hallucinogens, other opiates, and cocaine also is positively correlated with urbanicity, though less strongly. Alcohol use also is positively correlated.

- There is rather little difference associated with urbanicity in the case of most psychotherapeutic drugs (stimulants, sedatives, and tranquilizers).

RECENT TRENDS

This section summarizes trends in drug use, comparing the classes of 1975, 1976, 1977, and 1978. As in the previous section, the data include lifetime use, use during the past year, use during the past month, daily use, and comparisons of key subgroups.

Trends in Prevalence 1975-1978: All Seniors

Trends in Lifetime, Annual, and Monthly Prevalence

- The past three years have witnessed an appreciable rise in marihuana use without any concomitant increase in the proportion using other illicit substances. While 47% of the class of 1975 used marihuana at least once during their lifetime, fully 59% of the class of 1978 had done so (Table 4). The corresponding trend in annual marihuana prevalence is from 40% to 50% (Table 5).

- There has been practically no increase in the proportion who are users of illicit drugs other than marihuana (Figure C). This proportion has remained steady over the last three years at about 36% for lifetime prevalence and between 25% and 27% for annual prevalence.

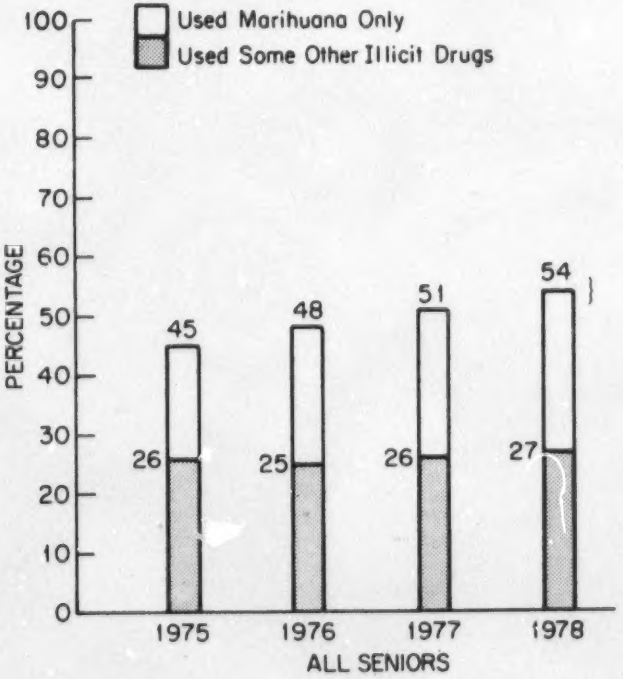
- Because of the increase in marihuana use, the overall proportion of seniors involved in illicit drug use has been increasing. About 64% of the class of 1978 report having used some illicit drug at least once during their lifetime, compared with 55% of the class of 1975. Annual prevalence figures have risen from 45% to 54% over the same interval (see Figure C).

- Although the proportion using other illicit drugs has remained relatively unchanged over the last three years, some interesting changes have been occurring for specific drugs within the class. (See Tables 4, 5, and 6 for recent trends in lifetime, annual, and monthly prevalence figures for each class of drugs.)

- The decline in hallucinogen use over the previous two year interval (from 11% in 1975 to 9% in 1977 for annual prevalence), appears to have halted. The 1978

FIGURE C

Trends in Annual Prevalence of Illicit Drug Use, All Seniors



NOTES: The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.

Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

TABLE 4

Trends in Lifetime Prevalence of Eleven Types of Drugs

	Percent ever used				
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	'77-'78 change
N =	(9400)	(15400)	(17100)	(17800)	
Marihuana	47.3	52.8	56.4	59.2	+2.8 s
Inhalants	NA	10.3	11.1	12.0	+0.9
Hallucinogens	16.3	15.1	13.9	14.3	+0.4
Cocaine	9.0	9.7	10.8	12.9	+2.1 ss
Heroin	2.2	1.8	1.8	1.6	-0.2
Other opiates[a]	9.0	9.6	10.3	9.9	-0.4
Stimulants[a]	22.3	22.6	23.0	22.9	-0.1
Sedatives[a]	18.2	17.7	17.4	16.0	-1.4
Tranquilizers[a]	17.0	16.8	18.0	17.0	-1.0
Alcohol	90.4	91.9	92.5	93.1	+0.6
Cigarettes	73.6	75.4	75.7	75.3	-0.4

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

NA indicates data not available.

[a]Only drug use which was not under a doctor's orders is included here.

TABLE 5

Trends in Annual Prevalence of Eleven Types of Drugs

	Percent who used in last twelve months				
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	'77-'78 change
N =	(9400)	(15400)	(17100)	(17800)	
Marihuana	40.0	44.5	47.6	50.2	+2.6 s
Inhalants	NA	3.0	3.7	4.1	+0.4
Hallucinogens	11.2	9.4	8.8	9.6	+0.8
Cocaine	5.6	6.0	7.2	9.0	+1.8 sss
Heroin	1.0	0 8	0.8	0.8	0.0
Other opiates[a]	5.7	5.7	6.4	6.0	-0.4
Stimulants[a]	16.2	15.8	16.3	17.1	+0.8
Sedatives[a]	11.7	10.7	10.8	9.9	-0.9
Tranquilizers[a]	10.6	10.3	10.8	9.9	-0.9
Alcohol	84.8	85.7	87.0	87.7	+0.7
Cigarettes	NA	NA	NA	NA	NA

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

NA indicates data not available.

[a]Only drug use which was not under a doctor's orders is included here.

TABLE 6

Trends in Thirty-Day Prevalence of Eleven Types of Drugs

	Percent who used in last thirty days				
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	'77-'78 change
N =	(9400)	(15400)	(17100)	(17800)	
Marihuana	27.1	32.2	35.4	37.1	+1.7
Inhalants	NA	0.9	1.3	1.5	+0.2
Hallucinogens	4.7	3.4	4.1	3.9	-0.2
Cocaine	1.9	2.0	2.9	3.9	+1.0 sss
Heroin	0.4	0.2	0.3	0.3	0.0
Other opiates[a]	2.1	2.0	2.8	2.1	-0.7 ss
Stimulants[a]	8.5	7.7	8.8	8.7	-0.1
Sedatives[a]	5.4	4.5	5.1	4.2	-0.9 ss
Tranquilizers[a]	4.1	4.0	4.6	3.4	-1.2 sss
Alcohol	68.2	68.3	71.2	72.1	+0.9
Cigarettes	36.7	38.8	38.4	36.7	-1.7 s

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

NA indicates data not available.

[a]Only drug use which was not under a doctor's orders is included here.

figure is 9.6%. The number of frequent users had also been declining steadily. In 1975, 1.0% reported use on 20 or more occasions per year vs. .7% in 1976 and .5% in 1977; but in 1978 the number was .6%.

- Cocaine, on the other hand, has exhibited an accelerating increase in popularity, with annual prevalence going from 5.6% in the class of 1975 to 9.0% in the class of 1978. While the majority of these seniors use cocaine only once or twice during the year, there is now getting to be a detectable number of frequent users.

- The use of opiates other than heroin, which had been increasing since 1975 (when 5.7% admitted use during the year, compared with 6.4% in 1977) is no longer increasing. Annual prevalence in 1978 is 6.0%.

- The popularity of sedatives appears to be declining very gradually among seniors. Annual use dropped steadily from 11.7% in 1975 to 9.9% in 1978, and for the first time this year tranquilizer use has shown some indications of declining.

- Heroin lifetime prevalence also appears to be dropping very gradually (from 2.2% in 1975 to 1.6% in 1978), though findings about heroin must be viewed with considerable caution. Annual prevalence, however, has been steady for two years.

- The use of stimulants has remained essentially unchanged across the last four classes.

- Trend data on inhalant use exist only over the past two-year interval, since this class of drugs was included for the first time in 1976. There has been some increase in prevalence over that year. Annual prevalence rose from 3.0% to 4.1%--a small, but still statistically significant, change.

- Thus, while the proportion using any illicit drugs other than marihuana has remained remarkably constant, the mix of drugs they have been using has been changing somewhat.

- Turning to the licit drugs, between 1975 and 1978 there has been a gradual but steady upward shift in the prevalence of alcohol use among seniors. To illustrate, the annual prevalence rate rose from 85% in 1975 to 88% in 1978.

- Over the past year there was virtually no change in lifetime prevalence of cigarette use, but a statistically significant drop (for the first time) in monthly prevalence.

TABLE 7

Trends in Thirty-Day Prevalence of Daily Use of Eleven Types of Drugs

	Percent who used daily in last thirty days[b]				
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	'77-'78 change
N =	(9400)	(15400)	(17100)	(17800)	
Marihuana	6.0	8.2	9.1	10.7	+1.6 ss
Inhalants	NA	0.0	0.0	0.1	+0.1
Hallucinogens	0.1	0.1	0.1	0.1	0.0
Cocaine	0.1	0.1	0.1	0.1	0.0
Heroin	0.1	0.0	0.0	0.0	0.0
Other opiates[a]	0.1	0.1	0.2	0.1	-0.1
Stimulants[a]	0.5	0.4	0.5	0.5	0.0
Sedatives[a]	0.3	0.2	0.2	0.2	0.0
Tranquilizers[a]	0.1	0.2	0.3	0.1	-0.2 sss
Alcohol	5.7	5.6	6.1	5.7	-0.4
Cigarettes	26.9	28.8	28.8	27.5	-1.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

NA indicates data not available.

[a]Only drug use which was not under a doctor's orders is included here.

[b]Daily use is defined as use on 20 or more occasions in the past thirty days for all drugs except cigarettes. Daily use of cigarettes is defined as smoking one or more cigarettes per day in the past thirty days.

Trends in Daily Prevalence

- Table 7 provides information on recent trends in daily use of the various drugs. It shows that for all illicit drugs other than marihuana and tranquilizers there has been virtually no change over the last two years in the very low daily prevalence figures.

- Tranquilizer use on a daily basis increased significantly between 1975 and 1977 (from .1% to .3%) but dropped significantly this year back to .1%.

- In contrast, marihuana has shown a marked increase in the proportion using it (and/or hashish) daily. The proportion reporting daily use in the class of 1975 (6.0%) came as a surprise to many. However, since then the number has risen considerably, so that now one in every nine high school seniors (10.7%) indicates that he or she uses the drug on a daily or nearly daily basis.

- Alcohol has not shown a comparable rise in use during the same time period. Daily use has remained steady between 5.7% and 6.1%. It is currently at 5.7%, exactly where it was in 1975.

Trend Comparisons for Important Subgroups

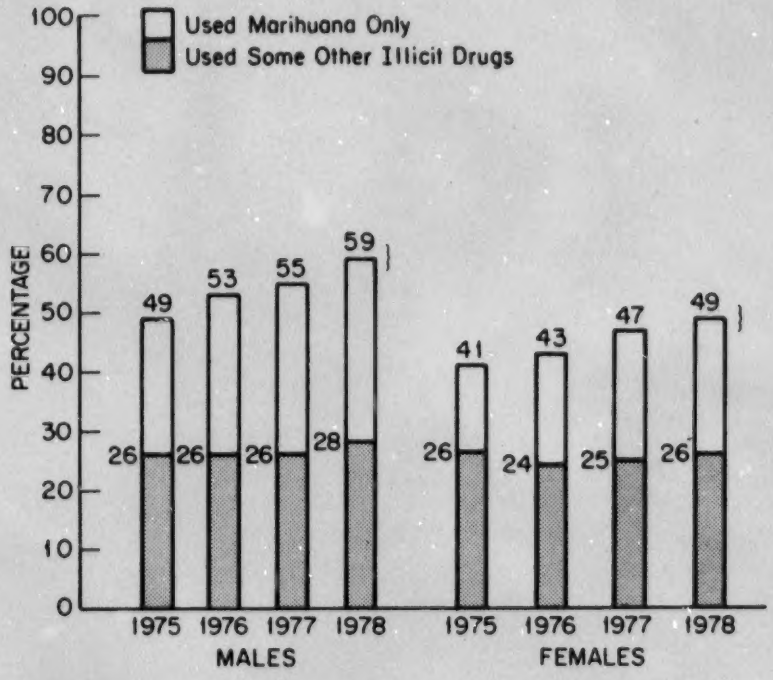
Sex Differences in Trends

- Most of the sex differences mentioned earlier have remained relatively unchanged over the past three years--that is, any trends in overall use have occurred about equally among males and females, as the trend lines in Figures E through G demonstrate. There is, however, one important exception.

- While the proportion smoking half-a-pack or more per day of cigarettes remained quite constant for males from 1975 to 1977 (at about 20%), between 1975 and 1977 the rate of cigarette smoking for females increased from 16% to 19%, virtually eliminating the previous sex difference. Over the past year, however, regular smoking was observed to decline in parallel for both sexes. (This decline is very slight and not statistically significant.)

FIGURE D

Trends in Annual Prevalence of Illicit Drug Use, by Sex



NOTES: The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.

Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

FIGURE E

Trends in Annual Prevalence of Eight Types of Illicit Drugs by Sex

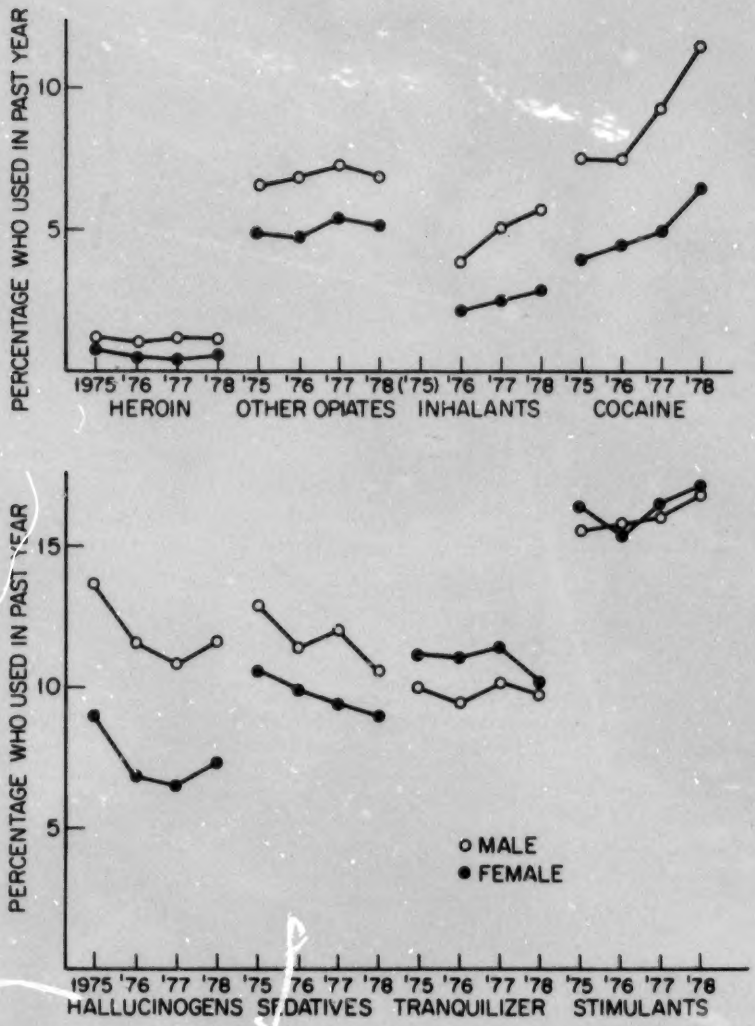


FIGURE F

Trends in Annual Prevalence of Marihuana and Alcohol, by Sex

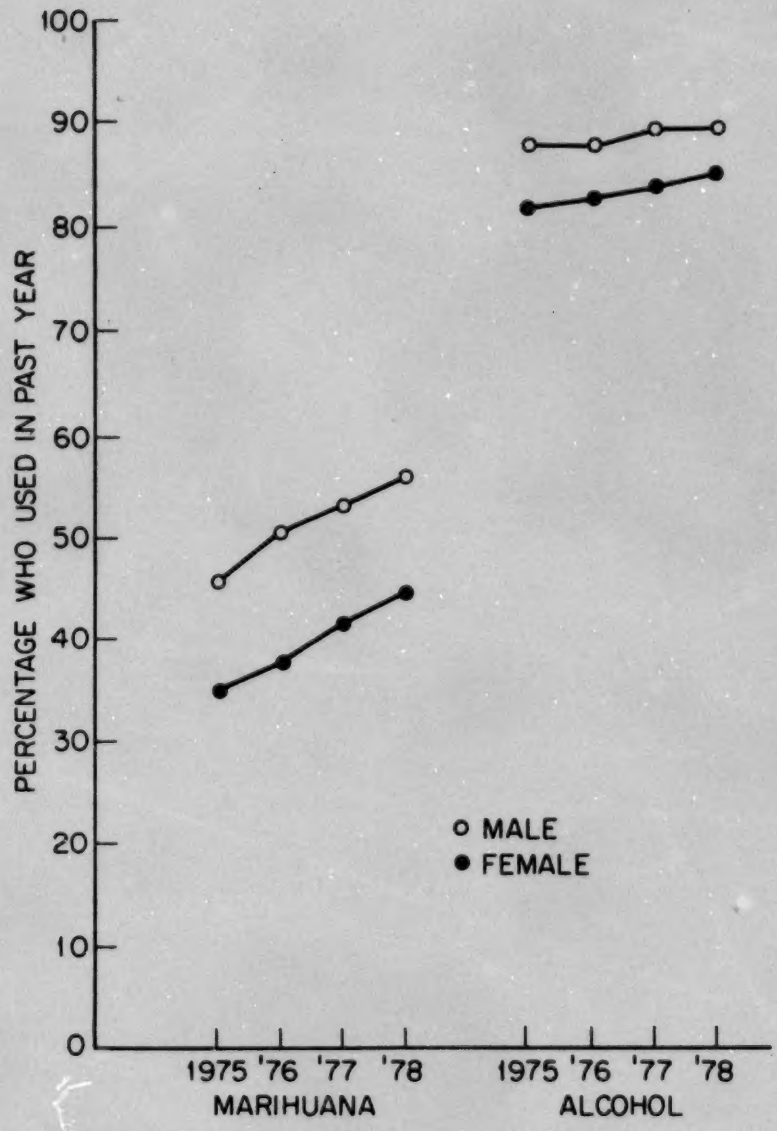
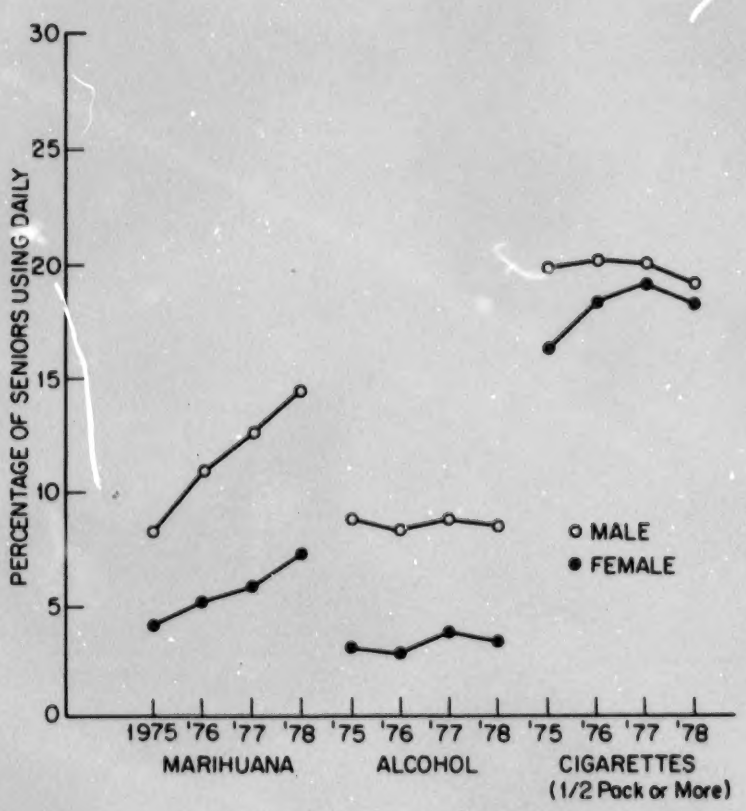


FIGURE G

Trends in Thirty-Day Prevalence of Daily Use of Marihuana, Alcohol, and Cigarettes, by Sex



NOTE: Daily use for alcohol and marihuana is defined as use on 20 or more occasions in the past thirty days. Daily use of cigarettes is defined as smoking a half-pack or more per day in the past thirty days.

Trend Differences Related to College Plans

- Both the college-bound and the noncollege-bound have been showing parallel trends in overall illicit drug use over the last two years;* that is, both showed a rising proportion using marihuana only, and a steady (or only slightly increasing) proportion using illicit drugs other than marihuana. (See Figure H.)

Regional Differences in Trends

- As Figure I illustrates, between 1975 and 1978 the proportion of seniors using illicit drugs other than marihuana has remained relatively steady in all regions except the Northeast, where there has been an increase from 26% to 31%. Much of the increase in the Northeast may be due specifically to cocaine use, which has increased more there than elsewhere.

- The proportion using marihuana only has been steadily increasing in all regions though in the West the size of the increase has been only about half what it has been in the three other regions.

Trend Differences Related to Population Density

- From 1975 to 1978, the proportion using any illicit drug increased by about 5% in the large metropolitan areas, and by about twice that amount in the other metropolitan and nonmetropolitan areas. As a result, the differences between the very large cities and less metropolitan areas have narrowed. Most of the narrowing is due to marihuana use. (See Figure J.)

- Use of the other illicit drugs taken as a group has not changed at all in the very large cities, and has increased by only 1% in the other areas. However, for most of the specific drugs there has been a narrowing of the differences. The major exception is cocaine, which has increased more in the large metropolitan communities, where its use was already highest.

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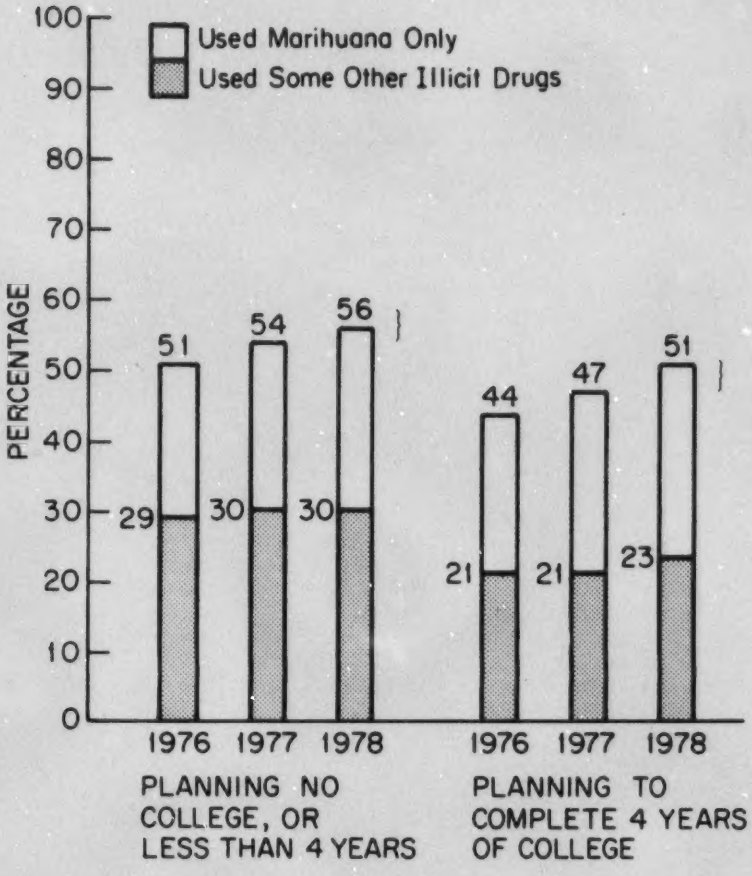
*Because of excessive missing data in 1975 on the variable measuring college plans, group comparisons are not presented for that year; therefore, only two-year trends can be examined.

FIGURE H

Trends in Annual Prevalence of Illicit Drug Use, by College Plans

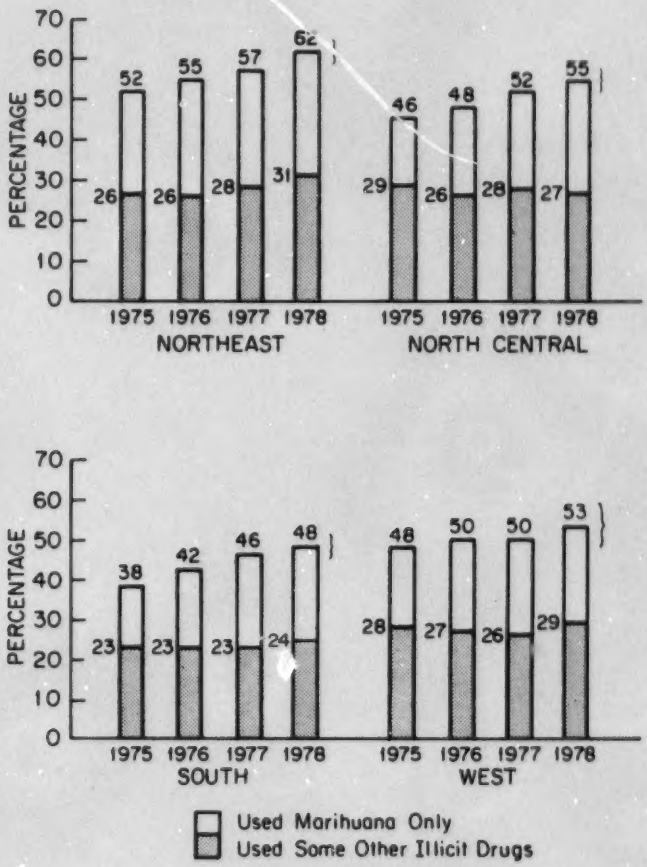


NOTES: The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.

Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

FIGURE I

Trends in Annual Prevalence of Illicit Drug Use, by Region of the Country

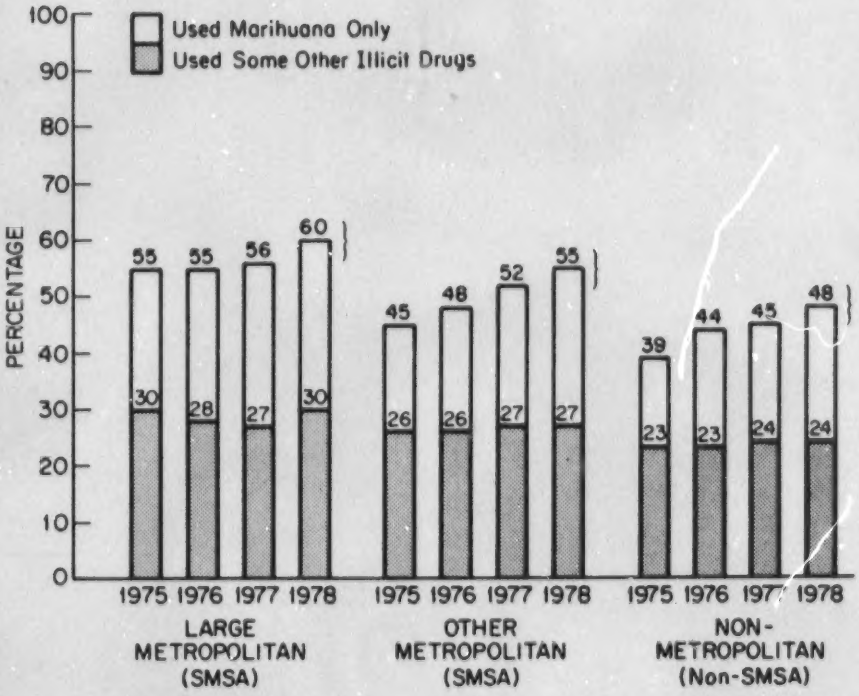


NOTES: The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.

Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

FIGURE J

Trends in Annual Prevalence of Illicit Drug Use, by Population Density



NOTES: The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.

Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

USE AT EARLIER GRADE LEVELS

Students were asked to indicate the grade they were in when they first tried each class of drugs. The full report contains major graphic presentations on a drug-by-drug basis of the trends for earlier grade levels and of the changing age-at-onset curves for the various graduating classes. For the purposes of these highlights, only a few general points are summarized. Those interested in more detail, particularly on trends, are referred to the full report. Table 8 gives the percent first trying each drug at each of the earlier grade levels.

- Most initial contact with illicit drugs occurs during the last three years of high school. Each illegal drug, except marihuana, had been used by fewer than 8% of the class of 1978 by the time they entered tenth grade. (See Table 8.)

- Twenty-eight percent had used marihuana, and twice that number had used alcohol prior to tenth grade. Twenty percent had begun smoking cigarettes daily by that point.

- Alcohol and marihuana use was initiated during 10th, 11th, or 12th grade by considerable proportions of the 1978 seniors (37% and 31%, respectively). Daily cigarette smoking was begun by 12%.

- Use of the illicit drugs other than marihuana (or heroin) was initiated subsequent to the beginning of 10th grade by between 5% (for inhalants) and 16% (for stimulants) of the Class of 1978.

- For each illicit drug class except inhalants, less than half of the users had begun use prior to tenth grade. Among those who had used cocaine by senior year, only one in six had used prior to tenth grade; but among marihuana users, just under half had begun before tenth grade. For all the other illicit drugs (excepting inhalants), the corresponding proportion is roughly one-third. These data indicate that significant minorities of users are initiated into illicit drug use at early ages—prior to tenth grade.

- Among inhalant users, a clear majority of users (nearly two-thirds) had their first experience prior to tenth grade.

TABLE 8

Grade of First Use for Eleven Types of Drugs, Class of 1978

Grade in which drug was first used:	Marihuana	Inhalants	Hallucinogens	Cocaine	Heroin	Other Opiates	Stimulants	Sedatives	Tranquilizers	Alcohol	Cigarettes (Daily)
12th	5.6	1.1	1.9	3.7	0.3	1.7	3.4	2.2	1.8	6.2	1.8
11th	10.8	1.7	3.3	4.6	0.4	2.5	6.0	3.8	4.1	12.9	4.3
10th	14.5	1.7	3.7	2.4	0.3	2.5	6.1	4.3	4.2	18.2	5.6
9th	14.5	2.9	3.3	1.6	0.3	1.7	5.2	3.5	4.2	24.1	7.5
7-8th	12.0	3.0	1.7	0.5	0.1	1.2	1.9	1.9	2.0	22.5	9.3
6th	1.7	1.7	0.3	0.1	0.1	0.3	0.1	0.3	0.7	9.1	3.5
Never used	40.8	88.0	85.7	87.1	98.4	90.1	77.1	84.0	83.0	6.9	68.0

NOTE: This question was asked in two of the five forms (N = approximately 6,000), except for inhalants which were asked about in only one form (N = approximately 3,000).

DEGREE OF HIGHS

This year for the first time we report on several questions dealing with the degree and duration of the highs which respondents experienced as a result of drug use. In this summary we will focus primarily on the degree of high usually attained with each drug.

- Figure K shows the extent to which 1978 seniors indicate that they usually get "not at all", "a little", "moderately", or "very" high on those occasions when they used a given type of drug. The percentages are based on all respondents who report use of the given drug class in the previous twelve months, and therefore each bar cumulates to 100%. The ordering from left to right is based on the percentage of users of each drug who report that they usually get "very" high. (The widths of the bars are proportional to the percentage of all seniors having used each drug class in the previous year; this should serve as a reminder that even though a large percentage of users of a drug may get very high, the proportion of all seniors doing so may be relatively small.)

- The drugs which usually seem to result in intense highs are the psychedelics (LSD and other psychedelics), heroin and quaaludes. (Actually, heroin has been omitted from Figure K because of the small number of cases available for a given year, but an averaging across years indicates that it would rank second, after LSD, in Figure K.)

- Next come cocaine, opiates other than heroin, and marihuana: over 70% of the users of each say they usually get moderately high or very high when using the drug.

- The three major psychotherapeutic drug classes—barbiturates, amphetamines, and tranquilizers—are used by relatively few to get very high, although substantial proportions of users (from 45% to 70%) still say they usually get moderately high after taking these drugs.

- Relatively few of the many seniors using alcohol say that they usually get very high when drinking, although nearly half usually get at least moderately high. However, for a given individual we would expect more variability from occasion to occasion in the degree of

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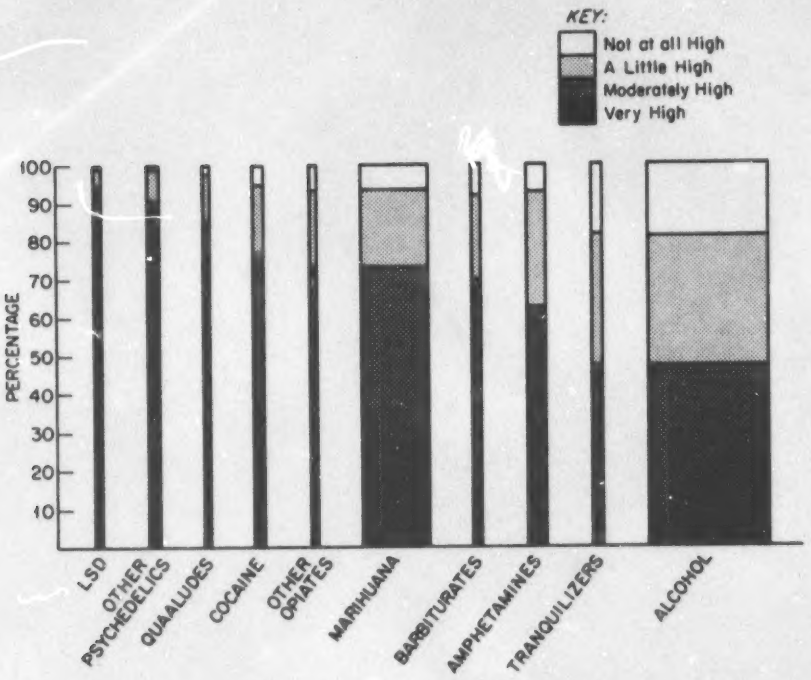
FIGURE K

Proportions of Recent Users who Usually Attain Each Level of Feeling High



NOTE: Heroin has been omitted from this figure because of the small number of heroin users who received these particular questions. The width of each bar is proportionate to the number of seniors reporting any use of each drug in the prior 12 months.

intoxication achieved with alcohol than with most of the other drugs. Therefore, many drinkers who do not "usually" get very high certainly get very high sometimes.

ATTITUDES AND BELIEFS ABOUT DRUGS

Few would argue with the assertion that attitudes and beliefs about drug use have been changing during recent years, just as actual drug use behaviors have been changing. In particular, views about marihuana use, and legal sanctions against use, have shown important trends. A number of states have enacted legislation which in essence removes criminal penalties for marihuana use, many others have such legislation pending, and one (Alaska) has had certain types of use "decriminalized" by judicial decision. The President has recommended Federal decriminalization, a stand that would have been considered extremely radical only a few years ago. Certainly such events, and also the positions taken by the National Commission on Marihuana and Drug Abuse, the American Bar Association, the American Medical Association, and Consumers Union, are likely to have had an effect on public attitudes.

In this section we present the cross-time results for three sets of attitude and belief questions: one concerning how harmful the students think various kinds of drug use would be for the user, the second concerning how much they personally disapprove of various kinds of drug use, and the third about the legality of using various drugs under various conditions.

Perceived Harmfulness of Drugs

Beliefs in 1978 about Harmfulness

- A substantial majority of high school seniors perceive regular use of any of the illicit drugs, other than marihuana, as entailing "great risk" of harm for the user (see Table 9). Some 87% of the sample feel this way about heroin--the highest proportion for any of these drugs. The proportions attributing great risk to amphetamines, barbiturates, and cocaine are all about 68%, while 81% associate great risk with using LSD.

- Regular use of cigarettes (i.e., one or more packs a day) is judged by the majority (59%) as entailing great risk of harm.

- In contrast to the above figures, regular use of marihuana is judged to involve great risk by only 35% of the sample, or about one in three.

- Regular use of alcohol was more explicitly defined in several questions. Very few (20%) associate much risk of harm with having one or two drinks almost daily.

Only about a third (35%) think there is great risk involved in having five or more drinks once or twice each weekend. Considerably more (63%) think the user takes a great risk in consuming four or five drinks nearly every day.

- Compared with the above perceptions about the risks of regular use, many fewer respondents feel that the experimental or occasional user runs a "great risk" of harm.

- Very few think there is much risk in using marihuana occasionally (12%).

- Occasional or experimental use of the other illicit drugs, however, is still viewed as risky by a substantial proportion. The percentage associating great risk with experimental use ranges from 30% for amphetamines and barbiturates to 53% for heroin.

- Practically no one (3%) believes there is great risk involved in trying an alcoholic beverage once or twice.

Trends in Perceived Harmfulness

- For most of the illicit drugs there has been a small but consistent trend over the past three years in the direction of fewer students associating personal risk with use. The shift is most clearly evident in relation to experimental and occasional use.

- The greatest decline in perceived risk has occurred for marihuana. The proportion seeing great risk in regular use of marihuana declined from 43% to 35% between 1975 and 1978, during the same period over which regular use actually has increased considerably.

- The next greatest decline has occurred for cocaine; the percentage who think there is great risk in trying it once or twice has dropped from 43% in 1975 to 33% in 1978; and the proportion seeing great risk in regular use has also dropped somewhat.

- There has been little or no change in proportions perceiving great risk in the regular use of LSD, heroin, amphetamines, or barbiturates.

- In dramatic contrast to the above trends, there has been a fair-sized and steady increase in the number who think smoking cigarettes involves great risk to the user (51% in 1975 vs. 59% in 1978), a particularly encouraging finding.

TABLE 9

Trends in Perceived Harmfulness of Drugs

Q. *How much do you think people risk harming themselves (physically or in other ways), if they...*	Percent saying "great risk"[a] Class of 1975	Class of 1976	Class of 1977	Class of 1978	'77-'78 change
Try marihuana once or twice	15.1	11.4	9.5	8.1	-1.4
Smoke marihuana occasionally	18.1	15.0	13.4	12.4	-1.0
Smoke marihuana regularly	43.3	38.6	36.4	34.9	-1.5
Try LSD once or twice	49.4	45.7	43.2	42.7	-0.5
Take LSD regularly	81.4	80.8	79.1	81.1	+2.0
Try cocaine once or twice	42.6	39.1	35.6	33.2	-2.4
Take cocaine regularly	73.1	72.3	68.2	68.2	0.0
Try heroin once or twice	60.1	58.9	55.8	52.9	-2.9 s
Take heroin occasionally	75.6	75.6	71.9	71.4	-0.5
Take heroin regularly	87.2	88.6	86.1	86.6	+0.5
Try amphetamines once or twice	35.4	33.4	30.8	29.9	-0.9
Take amphetamines regularly	69.0	67.3	66.6	67.1	+0.5
Try barbiturates once or twice	34.8	32.5	31.2	31.3	+0.1
Take barbiturates regularly	69.1	67.7	68.6	68.4	-0.2
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	5.3	4.8	4.1	3.4	-0.7
Take one or two drinks nearly every day	21.5	21.2	18.5	19.6	+1.1
Take four or five drinks nearly every day	63.5	61.0	62.9	63.1	+0.2
Have five or more drinks once or twice each weekend	37.8	37.0	34.7	34.5	-0.2
Smoke one or more packs of cigarettes per day	51.3	56.4	58.4	59.0	+0.6
Approx. N =	(2804)	(3225)	(3570)	(3770)	

NOTE: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001.

[a]Answer alternatives were: (1) No risk, (2) Slight risk, (3) Moderate risk, (4) Great risk, and (5) Can't say, Drug unfamiliar.

Personal Disapproval of Drug Use

A set of questions was developed to try to measure any general moralistic sentiment attached to various types of drug use. The phrasing, "Do you disapprove of..." was adopted.

Extent of Disapproval in 1978

- A substantial majority of high school seniors express disapproval of regular use of each of the illicit drugs, ranging from 68% disapproving regular marihuana use up to 92% disapproving regular cocaine use (the second lowest) and 98% disapproving regular heroin use (see Table 10).

- Smoking a pack (or more) of cigarettes per day receives the disapproval of two-thirds (67%).

- Drinking at the rate of one or two drinks daily also receives disapproval from two-thirds of the seniors (68%)—exactly the same proportion who disapprove regular marihuana use. A curious finding is that weekend binge drinking (five or more drinks once or twice each weekend) is acceptable to more seniors than is moderate daily drinking. While only 56% disapprove of having five or more drinks once or twice a weekend, 68% disapprove of having one or two drinks daily. This in spite of the fact that great risk is more often attached to the weekend binge drinking (35%) than to the daily drinking (20%). One possible explanation for these seemingly inconsistent findings may stem from the fact that a greater proportion of this age group are weekend binge drinkers than regular daily drinkers. They have thus expressed attitudes accepting of their own behavior, even though they may be inconsistent with their beliefs about consequences.

- For all drugs fewer people indicate disapproval of experimental or occasional use than of regular use, as would be expected. The differences are not great, however, for the illicit drugs other than marihuana.

- For marihuana the rate of disapproval is substantially less for experimental use (33%) and occasional use (44%) than for regular use (68%). In other words only one out of three disapprove of trying marihuana and less than half disapprove of occasional use of the drug.

Trends in Disapproval

- Despite the decline in perceived harmfulness of most drugs, licit and illicit, there has been very little

TABLE 10

Trends in Proportions Disapproving of Drug Use

Q. *Do you disapprove of people (who are 18 or older) doing each of the following?*[b]	Percent disapproving[a] Class of 1975	Class of 1976	Class of 1977	Class of 1978	'77-'78 change
Trying marihuana once or twice	47.0	38.4	33.4	33.4	*0.0*
Smoking marihuana occasionally	54.8	47.8	44.3	43.5	*-0.8*
Smoking marihuana regularly	71.9	69.5	65.5	67.5	*+2.0*
Trying LSD once or twice	82.8	84.6	83.9	85.4	*+1.5*
Taking LSD regularly	94.1	95.3	95.8	96.4	*+0.6*
Trying cocaine once or twice	81.3	82.4	79.1	77.0	*-2.1*
Taking cocaine regularly	93.3	93.9	92.1	91.9	*-0.2*
Trying heroin once or twice	91.5	92.6	92.5	92.0	*-0.5*
Taking heroin occasionally	94.8	96.0	96.0	96.4	*+0.4*
Taking heroin regularly	96.7	97.5	97.2	97.8	*+0.6*
Trying an amphetamine once or twice	74.8	75.1	74.2	74.8	*+0.6*
Taking amphetamines regularly	92.1	92.8	92.5	93.5	*+1.0*
Trying a barbiturate once or twice	77.7	81.3	81.1	82.4	*+1.3*
Taking barbiturates regularly	93.3	93.6	93.0	94.3	*+1.3*
Trying one or two drinks of an alcoholic beverage (beer, wine, liquor)	21.6	18.2	15.6	15.6	*0.0*
Taking one or two drinks nearly every day	67.6	68.9	66.8	67.7	*+0.9*
Taking four or five drinks nearly every day	88.7	90.7	88.4	90.2	*+1.8*
Having five or more drinks once or twice each weekend	60.3	58.6	57.4	56.2	*-1.2*
Smoking one or more packs of cigarettes per day	67.5	65.9	66.4	67.0	*+0.6*
Approx. N =	(2677)	(3234)	(3582)	(3686)	

NOTE: Level of significance of difference between the two most recent classes: *s* = .05, *ss* = .01, *sss* = .001.

[a]Answer alternatives were: (1) Don't disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.

[b]The 1975 question asked about people who are *"20 or older."*

change over the past three years in levels of disapproval for most of them. There are two exceptions:

- The small minority who disapprove of trying alcohol once or twice (22% in 1975) has become even smaller (16% in 1978).

- More important, there was a substantial decrease over the two-year interval from 1975-1977 in the proportion of seniors who disapprove of marihuana use at any level of frequency. About 14% fewer of them in the class of 1977 (compared with the class of 1975) disapprove of experimenting, 11% fewer disapprove of occasional use, and 6% fewer disapprove of regular use. Between 1977 and 1978, however, there is evidence that this softening of attitudes about marihuana may have stopped. In fact, disapproval of regular use has increased a little, though the change is not yet statistically significant.

Attitudes Regarding the Legality of Drug Use

Since the legal restraints on drug use appeared likely to be in a state of flux, we decided at the beginning of the study to measure attitudes about legal sanctions. Table 11 presents a statement of one set of general questions on this subject along with the answers provided by each senior class. The set lists a sampling of illicit and licit drugs and asks whether their use should be prohibited by law. A distinction is consistently made between use in public and use in private—a distinction which proved quite important in the results.

- Fully 42% believe that cigarette smoking in public places should be prohibited by law—almost as many as think getting drunk in such places should be prohibited (50%).

- The majority (60%) favor legally prohibiting marihuana use in public places.

- In addition, the great majority believe that the public use of illicit drugs other than marihuana should be prohibited by law (e.g., 76% in the case of amphetamines and barbiturates, 83% for heroin).

- For all drugs, substantially fewer students believe use in private should be illegal than express that view about public use.

- Over the past three years there has been a decline in the proportion of seniors who favor legal prohibition of use in private of any of the illicit drugs.

TABLE 11

Trends in Attitudes Regarding Legality of Drug Use

C. Do you think that people (who are 18 or older) should be prohibited by law from doing each of the following?[b]	Percent saying "yes"[a] Class of 1975	Class of 1976	Class of 1977	Class of 1978	*'77-'78 change*
Smoking marihuana in private	32.8	27.5	26.8	25.4	*-1.4*
Smoking marihuana in public places	63.1	59.1	58.7	59.5	*+0.8*
Taking LSD in private	67.2	65.1	63.3	62.7	*-0.6*
Taking LSD in public places	85.8	81.9	79.3	80.7	*+1.4*
Taking heroin in private	76.3	72.4	69.2	68.8	*-0.4*
Taking heroin in public places	90.1	84.8	81.0	82.5	*+1.5*
Taking amphetamines or barbiturates in private	57.2	53.5	52.8	52.2	*-0.6*
Taking amphetamines or barbiturates in public places	79.6	76.1	73.7	75.8	*+2.1*
Getting drunk in private	14.1	15.6	18.6	17.4	*-1.2*
Getting drunk in public places	55.7	50.7	49.0	50.3	*+1.3*
Smoking cigarettes in public places	NA	NA	42.0	42.2	*+0.2*
Approx. N =	(2620)	(3265)	(3629)	(3783)	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001.

NA indicates question not asked.

[a]Answer alternatives were: (1) No, (2) Not sure, and (3) Yes.

[b]The 1975 question asked about people who are *"20 or older."*

- Although there was a similar decline between 1975 and 1977 for use of illicit drugs in public, this trend reversed slightly between 1977 and 1978. (None of these reversals, however, was large enough to be statistically significant.)

The Legal Status of Marihuana

Another set of questions was included dealing specifically with marihuana and what legal sanctions, if any, students think should be attached to its use and sale. Respondents also are asked to guess how they would be likely to react to legalized use and sale of the drug. While the answers to such a question must be taken with a grain of salt, we think it worth exploring how young people think they might respond to such changes in the law. (The questions and responses are shown in Table 12.)

- About a third of the 1978 seniors believe marihuana use should be entirely legal (33%). Nearly another third (30%) feel it should be treated as a minor violation—like a parking ticket—but not as a crime. Another 15% indicate no opinion, and only 22% feel it should be a crime. In other words, fully three-quarters of those expressing an opinion believe that marihuana use should not be treated as a criminal offense.

- Asked whether they thought it should be legal to sell marihuana if it were legal to use it, nearly two-thirds (66%) said yes. Of those, the great majority would permit sale only to adults, however, suggesting more conservatism on this subject than might generally be supposed.

- High school seniors predict that they would be little affected by the legalization of the sale and use of marihuana. Just under half of the respondents (46%) say that they would not use marihuana, even if it were legal and available, and another 31% indicate they would use it about as often as they do now. Only 6% say they would use it more often than at present and only another 7% say they would try it. About 7% say they do not know how they would react.

- The predictions of personal marihuana use under legalization are quite similar for all four high school classes. The slight shifts being observed are mostly attributable to the increased proportion of seniors who actually have used marihuana.

TABLE 12

Trends in Attitudes Regarding Marihuana Laws
(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978
Q. *There has been a great deal of public debate about whether marihuana use should be legal. Which of the following policies would you favor?*				
Using marihuana should be entirely legal	27.3	32.6	33.6	32.9
It should be a minor violation--like a parking ticket--but not a crime	25.3	29.0	31.4	30.2
It should be a crime	30.5	25.4	21.7	22.2
Don't know	16.8	13.0	13.4	14.6
N =	(2617)	(3264)	(3622)	(3721)
Q. *If it were legal for people to USE marihuana, should it also be legal to SELL marihuana?*				
No	27.8	23.0	22.5	21.8
Yes, but only to adults	37.1	49.8	52.1	53.6
Yes, to anyone	16.2	13.3	12.7	12.0
Don't know	18.9	13.9	12.7	12.6
N =	(2616)	(3279)	(3628)	(3719)
Q. *If marihuana were legal to use and legally available, which of the following would you be most likely to do?*				
Not use it, even if it were legal and available	53.2	50.4	50.6	46.4
Try it	8.2	8.1	7.0	7.1
Use it about as often as I do now	22.7	24.7	26.8	30.9
Use it more often than I do now	6.0	7.1	7.4	6.3
Use it less than I do now	1.3	1.5	1.5	2.7
Don't know	8.5	8.1	6.6	6.7
N =	(2602)	(3272)	(3625)	(3711)

THE SOCIAL MILIEU

The preceding section dealt with seniors' attitudes about various forms of drug use. Attitudes about drugs, as well as drug-related behaviors, do not occur in a social vacuum. Drugs are discussed in the media; they are a topic of considerable interest and conversation among young people; they are also a matter of much concern to parents, concern which often is strongly communicated to their children. These are some aspects of the social milieu in which drug-taking occurs and within which drug-related attitudes are developed. Other aspects of that milieu include the actual drug-taking behaviors of friends and acquaintances, as well as the availability (or perceived availability) of drugs. In the remaining sections we present data on several of these aspects of the social milieu surrounding drugs.

We begin with two sets of questions about parental and peer attitudes, questions which closely parallel the questions about respondents' own attitudes about drug use (discussed in the preceding section). (These two sets of questions are displayed in Tables 13 and 14).

Perceived Attitudes of Parents and Friends

Current Perceptions of Parental Attitudes

- A large majority of seniors feel that their parents would disapprove or strongly disapprove of their exhibiting any of the drug use behaviors shown in Table 13.

- Over 95% of seniors say that their parents would disapprove or strongly disapprove of their smoking marihuana regularly, trying LSD or an amphetamine even once or twice, or having four or five drinks every day. (Although the questions did not include more frequent use of LSD or amphetamines, or any use of heroin, it is obvious that if such behaviors were included in the list virtually all seniors would indicate parental disapproval.)

- While respondents feel that marihuana use would receive the least parental disapproval of all of the illicit drugs, even experimenting with it still is seen as a parentally sanctioned activity by the great majority of the seniors (83%), which of course means that

seniors around the country feel that there remains a massive generational difference of opinion about this drug.

- Also likely to be perceived as rating high parental disapproval (89% to 91% disapproval) are occasional marihuana use, taking one or two drinks nearly every day, and pack-a-day cigarette smoking.

- Slightly lower proportions of seniors (83%) think their parents would disapprove of having five or more drinks once or twice every weekend. This happens to be exactly the same percentage as say their parents would disapprove of simply experimenting with marihuana. Whether accurate or not, seniors are in essence saying that they think their parents would just as soon see them drink quite heavily once or twice a week as see them ever lay hands on a marihuana cigarette.

Current Perceptions of Friends' Attitudes

- A parallel set of questions asked respondents to estimate their friends' attitudes about drug use. The highest levels of disapproval are associated with trying LSD (85% think friends would disapprove), trying an amphetamine (78%), and heavy daily drinking (79%). Presumably, if heroin were on the list it would receive the highest peer disapproval and, judging from respondents' own attitudes, barbiturates and cocaine would be roughly as unpopular among peers as amphetamines.

- Close to two-thirds (60% to 65%) think their friends would disapprove if they smoked marihuana daily, smoked a pack or more of cigarettes daily, or took one or two drinks daily.

- Just under half feel that friends would disapprove of occasional marihuana smoking or heavy drinking on weekends, and slightly fewer (42%) feel their friends would disapprove trying marihuana once or twice.

- In sum, peer norms differ considerably for the various drugs and for varying degrees of involvement with those drugs, but overall they tend to be relatively conservative. The great majority of seniors have friendship circles which do not condone use of the illicit drugs other than marihuana and nearly two-thirds have close friends who they feel would disapprove of regular marihuana use or daily drinking.

TABLE 13

Trends in Parental Disapproval of Drug Use

Q. *How do you think your parents would feel about you...*	Percent disapproving[a] Class of 1975	Class of 1976	Class of 1977	Class of 1978	'77-'78 change
Trying marihuana once or twice	90.8	87.4	85.8	83.2	-2.6 s
Smoking marihuana occasionally	95.6	93.0	92.5	90.8	-1.7
Smoking marihuana regularly	98.1	96.3	96.5	95.6	-0.9
Trying LSD once or twice	99.0	97.4	98.1	97.5	-0.6
Trying an amphetamine once or twice	98.0	97.1	97.2	96.7	-0.5
Taking one or two drinks nearly every day	89.5	90.0	92.2	88.9	-3.3 sss
Taking four or five drinks every day	97.2	96.5	96.5	96.3	-0.2
Having five or more drinks once or twice every weekend	85.3	85.9	86.5	82.6	-3.9 ss
Smoking one or more packs of cigarettes per day	88.5	87.6	89.2	88.7	-0.5
Approx. N =	(2546)	(2807)	(3014)	(3054)	

[a]Answer alternatives were: (1) Not disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.

TABLE 14

Trends in Proportion of Friends Disapproving of Drug Use

Q. *How do you think your close friends feel (or would feel) about you...*	Percent Saying Friends Disapprove[a] Class of 1975	Class of 1976	Class of 1977	Class of 1978	'77-'78 change
Trying marihuana once or twice	44.8	NA	42.3	NA	NA
Smoking marihuana occasionally	54.0	NA	48.2	NA	NA
Smoking marihuana regularly	70.4	NA	64.5	NA	NA
Trying LSD once or twice	83.6	NA	84.6	NA	NA
Trying an amphetamine once or twice	76.6	NA	78.1	NA	NA
Taking one or two drinks nearly every day	59.4	NA	63.2	NA	NA
Taking four or five drinks every day	79.9	NA	78.8	NA	NA
Having five or more drinks once or twice every weekend	50.3	NA	48.7	NA	NA
Smoking one or more packs of cigarettes per day	55.3	NA	60.0	NA	NA
Approx. N =	(2488)	(NA)	(2971)	(NA)	

NOTE: NA indicates question not asked.

[a]Answer alternatives were: (1) Not disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.

A Comparison of the Attitudes of Parents, Peers, and Respondents Themselves

- A comparison of the perceptions of friends' disapproval with perceptions of parents' disapproval shows that the ordering of drug use behaviors is much the same for the two groups (e.g., highest frequencies of perceived disapproval for trying LSD or amphetamines, lowest frequencies for trying marihuana).

- A look back at the data on seniors' own attitudes regarding drug use (Table 10) reveals that they are much more in accord with their peers than with their parents. The difference between seniors' own disapproval ratings and those of their parents tend to be large, with parents seen as more conservative overall in relation to every drug, licit or illicit. The largest difference occurs in the case of marihuana experimentation, where 33% say they disapprove but 83% say their parents would.

Trends in Perceptions of Parents' and Friends' Views

- Among all the drug use areas for which perceived disapproval of others was measured, the only one which showed consistent shifts over the past several years is marihuana use. At each level of use—trying once or twice, occasional use, regular use—there has been a drop in perceived disapproval for both parents and friends. We know from our other findings that respondents are here correctly reporting shifts in the attitudes of their peer groups—that is, that acceptance of marihuana is in fact increasing among seniors. There is little reason to suppose they are less accurate in reporting a shift among parents. Therefore, it appears that the social norms regarding marihuana use to which American adolescents are directly exposed have been changing.

- Perceived parental and peer norms regarding most other drugs have shown either no change, or patterns of change which are not judged to be sufficiently consistent to be treated as trends.

- The one exception is cigarette smoking. More students in 1977 than 1975 (60% vs. 55%) report that if they smoked on a regular (pack-a-day) basis their friends would disapprove. This shift in perceptions of friends' disapproval may represent a convergence with reality—a reduction in pluralistic ignorance—because a consistent two-thirds of seniors since 1975 have reported that they personally disapprove of pack-a-day cigarette smoking.

Exposure to Drug Use by Friends and Others

It is generally agreed that much of youthful drug use is initiated through a peer social-learning process; and research has shown a high correlation between an individual's illicit drug use and that of his or her friends. Such a correlation can, and probably does, reflect several different causal patterns: (a) a person with friends who use a drug will be more likely to try the drug; (b) conversely, the individual who is already using a drug will be likely to introduce friends to the experience; and (c) one who is already a user is more likely to establish friendships with others who also are users.

Given the potential importance of exposure to drug use by others, we felt it would be useful to monitor seniors' association with others taking drugs, as well as seniors' perceptions about the extent to which their friends use drugs. Two sets of questions, each covering all or nearly all of the categories of drug use treated in this report, asked seniors to indicate (a) how often during the past twelve months they were around people taking each of the drugs to get high or for "kicks," and (b) how many of their friends use each of the drugs. (The questions dealing with friends' use are shown in Table 15.) Obviously, responses to these two questions are highly correlated with the respondents' own drug use; thus, for example, seniors who have recently used marihuana are much more likely to report that they have been around others getting high on marihuana, and that most of their friends use it.

Exposure to Drug Use in 1978

- A comparison of responses about friends' use, and about being around people in the last 12 months who were using various drugs to get high, reveals a high degree of correspondence between these two indicators of exposure. For each drug, the proportion of respondents saying "none" of their friends use it is just about equal to the proportion who say that during the last 12 months they have not been around anyone who was using that drug to get high. Similarly, the proportion saying they are "often" around people getting high on a given drug is just about the same as the proportion reporting that "most" or "all" of their friends use that drug.

- Reports of exposure and friends' use closely parallel the figures on seniors' own use; it thus comes as no surprise that the highest levels of exposure involve alcohol (a majority "often" around people using it to get high) and marihuana (39% "often" and 25% "occasionally" around people using it to get high).

- What may come as a surprise is that fully 30% of all seniors say that most or all of their friends get drunk at least once a week!

TABLE 15

Friends' Use of Drugs, Class of 1978

(Approximate N = 3297)

Q. *How many of your friends would you estimate...*	Percent saying . . .				
	None	A Few	Some	Most	All
Smoke marihuana	13.9	25.3	25.6	27.8	7.4
Use inhalants	80.0	16.0	2.9	0.7	0.4
Take LSD	70.1	20.9	7.1	1.3	0.6
Take other psychedelics	70.8	20.5	6.8	1.4	0.6
Take cocaine	66.8	21.8	7.4	2.9	1.1
Take heroin	85.7	11.1	2.3	0.4	0.6
Take other narcotics	76.8	17.4	4.3	0.9	0.5
Take amphetamines	59.3	25.9	10.0	3.8	0.9
Take barbiturates	67.5	22.9	7.3	1.8	0.6
Take quaaludes	73.1	18.1	6.6	1.6	0.6
Take tranquilizers	65.2	25.9	7.2	1.2	0.5
Drink alcoholic beverages	5.1	10.6	15.4	42.0	26.9
Get drunk at least once a week	18.0	25.5	26.2	21.7	8.5
Smoke cigarettes	6.9	27.8	33.1	29.3	2.9

- For each of the drugs other than marihuana or alcohol, fewer than one in ten report they are "often" exposed to people using it to get high, fewer than one in five report that it occurs as much as "occasionally," and a majority (usually a large majority) report no such exposure in the previous year.

Recent Trends in Exposure to Drug Use

- During the two-year interval from 1976 to 1978, seniors' reports of exposure to marihuana use increased in just about the same proportion as percentages on actual use.

- The other drug reflecting a consistent increase in reported exposure from 1976 to 1978 is cocaine.

- The data also show some decrease in exposure to barbiturate use and to LSD use between 1976 and 1978, paralleling the decline in actual use.

- The other drugs showed essentially steady rates of reported exposure from 1976 to 1978.

Perceived Availability of Drugs

A set of self-report questions, which ask each respondent how difficult s/he thinks it would be to obtain each type of drug if s/he wanted some, was included in the study. The answers range across five categories from "probably impossible" to "very easy." While no systematic effort has been undertaken to assess the validity of these measures, it must be said that they do have a rather high level of face validity—particularly if it is the subjective reality of "perceived availability" which is purported to be measured. It also seems quite reasonable to us to assume that perceived availability tracks actual availability, at least to some extent.

Perceived Availability in 1978

- There are substantial differences in the reported availability of the various drugs. In general, the more widely used drugs are reported to be available by the highest proportion of the age group, as would be expected. (See Table 16.)

- Marihuana appears to be almost universally available to high school seniors; 88% reported that they think it would be "very easy" to "fairly easy" for them to get—almost 30% more than the number who report ever having used it.

TABLE 16

Trends in Reported Availability of Drugs

Q. *How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?*	Percent saying drug would be "Fairly easy" or "Very easy" for them to get[a] Class of 1975	Class of 1976	Class of 1977	Class of 1978	'77-'78 change
Marihuana	87.8	87.4	87.9	87.8	-0.1
LSD	46.2	37.4	34.5	32.2	-2.3
Some other psychedelic	47.8	35.7	33.8	33.8	0.0
Cocaine	37.0	34.0	33.0	37.8	+4.8 ss
Heroin	24.2	18.4	17.9	16.4	-1.5
Some other narcotic (including methadone)	34.5	26.9	27.8	26.1	-1.7
Amphetamines	67.8	61.8	58.1	58.5	+0.4
Barbiturates	60.0	54.4	52.4	50.6	-1.8
Tranquilizers	71.8	65.5	64.9	64.3	-0.6
Approx. N =	(2627)	(3163)	(3562)	(3598)	

NOTE: Level of significance of difference between the two most recent classes: *s* = .05, *ss* = .01, *sss* = .001.

[a]Answer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, and (5) Very easy.

- After marihuana, the students indicate that the psychotherapeutic drugs are the most available to them: tranquilizers are seen as available to 64%, amphetamines to 59%, and barbiturates to 51%.

- Each of a number of the less frequently used drugs (i.e., hallucinogens, cocaine, and opiates other than heroin) are reported as available by only about three or four out of every ten seniors (from 26% to 38%).

- Heroin is seen by the fewest seniors (16%) as fairly easy to get.

- The majority of "recent users"—those who have illicitly used any drug in the past year—feel that it would be fairly easy for them to get that same type of drug.

- There is some important variation by drug class, however. Most (from 75% to 93%) of the users of marihuana, psychotherapeutic drugs (amphetamines, barbiturates, and tranquilizers), cocaine, or hallucinogens other than LSD feel they could get those same drugs fairly easily. Only about half of those who used LSD, heroin, or other opiates in the past year feel it would be fairly easy for them to get those drugs again.

Trends in Perceived Availability

- Cocaine showed an increase of about 5% between 1977 and 1978 in easy availability as perceived by all respondents.

- Perceptions of marihuana availability have remained almost perfectly steady across the last three high school classes (at between 87% to 88% of the entire sample).

- For all of the other illicitly used drugs, the proportions of the total sample reporting easy access have declined considerably across the four high school classes; however, most of that drop occurred between 1975 and 1976.

Implications for Validity of Self-Reported Usage Questions

- We have noted a high degree of correspondence in the aggregate level data presented in this report between seniors' self-reports of their <u>own</u> drug use, their

reports concerning friends' use, and their own exposure to use. Drug-to-drug comparisons in any given year across these three types of measures tend to be highly parallel, as do their changes from year to year. We take this consistency to provide some degree of additional evidence for the validity of the self-report data since there should be less reason to distort answers on friends' use, or general exposure to use, than to distort the reporting of one's own use.

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